



NJIS COVID-19 Excel File Submission Help Guide

This guidance is for administering medical facilities to send COVID-19 vaccine information by uploading an Excel file to the New Jersey Immunization Information System (NJIS).

Please Note: Excel file submission is for **COVID-19 vaccines only**.

1. Every file name must be saved as follows: NJIS Facility ID for the practice followed by the underscore and the facility name. Example: 99999_Facility Name.xls.
2. ALL column names must be present, and they must be spelled exactly as shown in the Excel template. Data submitted in the incorrect format will result in COVID-19 doses not being added to patient records and doses will not be de-ducted from inventory.

NJIS_FACILITY_ID
PATIENT_LAST_NAME
PATIENT_FIRST_NAME
PATIENT_DATE_OF_BIRTH_YYYYMMDD
ADMINISTRATIVE_SEX
RACE
PATIENT_ADDRESS_STREET_OR_MAILING_ADDRESS
PATIENT_ADDRESS_LINE_2
PATIENT_ADDRESS_CITY
PATIENT_ADDRESS_STATE
PATIENT_ADDRESS_ZIP
PATIENT_ADDRESS_TYPE
PHONE_NUMBER
ETHNIC_GROUP
DATE_OF_ADMINISTRATION_YYYYMMDD
VACCINE_ADMINISTERED_AMOUNT
VACCINE_LOT_NUMBER
VACCINE_EXPIRATION_DATE_YYYYMMDD
VACCINE_MANUFACTURER_NAME
VACCINE_ROUTE_OF_AMINISTRATION
VACCINE_ADMINISTRATION_SITE

3. Do not use the following special characters: ' ^ ~ \ & # ' , |
4. All dates must in the YYYYMMDD format.

5. Please provide ten-digit phone numbers (area code and local number).
6. Please select the Vaccine Name and Vaccine Manufacturer Name from the Excel template drop-down list.
7. The following fields must contain NJIIS supported values (Appendix A):
 - ❖ PATIENT ADMINISTRATIVE_SEX (TABLE 1)
 - ❖ PATIENT_RACE (TABLE 2)
 - ❖ PATIENT_ETHNICITY (TABLE 3)
 - ❖ PATIENT_ADDRESS_TYPE (TABLE 4)
 - ❖ VACCINE_ROUTE_OF_AMINISTRATION (TABLE 5)
 - ❖ VACCINE_ADMINISTRATION_SITE (TABLE 6)

Appendix A- Table Values

TABLE 1: PATIENT ADMINISTRATIVE_SEX Acceptable Values
Value
Male
Female
Unknown
Non-Binary

TABLE 2: PATIENT_RACE Acceptable Values
Value
American Indian OR Alaska Native
Asian
Black or African-American
Native Hawaiian or Other Pacific Islander
White
Other Race
Prefer not to Specify

TABLE 3: PATIENT_ETHNICITY Acceptable Values
Value
Hispanic or Latino
Not Hispanic
Prefer not to Specify

TABLE 4: PATIENT_ADDRESS_TYPE Acceptable Values
Value
Legal address
Permanent
Mailing
Home
Current or Temporary

TABLE 5: VACCINE_ROUTE_OF_AMINISTRATION Acceptable Values
Value
Intradermal
Intramuscular
Nasal
Oral
Subcutaneous

TABLE 6: VACCINE_ADMINISTRATION_SITE Acceptable Values
Value
Left Upper Arm
Left Deltoid
Left Gluteous Medius
Left Lower Forearm
Left Thigh
Left Vastus Lateralis
Right Upper Arm
Right Deltoid
Right Gluteous Medius
Right Lower Forearm
Right Thigh
Right Vastus Lateralis

Appendix B- Address Type Definition

Address Type	Definition
Home	Refers to residence or domicile Generally speaking, most people will have a home address and it will represent their primary address.
Mailing	If the address at which a person or business receives mail is different from the place where they work or live For example: a Post Office Box
Current	A temporary address at which a person has agreed or requested to receive notices. For example : a college student
Permanent	Special Case: The address that will eventually reach the subject regardless of their physical location. For example: Active Military Members , flight attendants, and executives on rotational assignments
Legal	Special Case: Refers to a special case address specific to the status/legal action involving the subject. For example: A prisoner - address specific to their place of incarceration. A ward of the state- address of a legal guardian/court/ state agency regardless of the ward's physical location.

Appendix C- Definition

Field Name	Definition
NJIS Facility ID	This field identifies the organization responsible for the operations of the sending application. Enter your NJIS Facility ID specific to the site that you are reporting under.
Patient Last Name	Enter Last Name of patient only.
Patient First Name	Enter First Name of patient only.
Patient Date of Birth	Enter the patient date of birth. The date must be in the YYYYMMDD format; otherwise it will be considered an error and the message will be rejected. For example, 19830121. Do not enter any spaces or extra characters.
Administrative Sex	This field contains the patient's sex. Drop down menu, do not type in these fields, select from the drop-down options only.
Race	Drop down menu, do not type in these fields, select from the drop-down options only.
Patient Address Street or Mailing Address	This field contains the address of the patient. Street Address should contain Dwelling (i.e., House) Number in the beginning of the field followed by the Street Name. Enter the Number and Street only, such as 123 Test Lane. Do not add any extra characters.
Patient Address line 2	If there is additional information, such as apartment number. Please enter it here.
Patient Address City	Enter the City of the patient address.
Patient Address State	Enter the 2-letter state abbreviation only. Do not spell out the state.
Patient Address Zip	Enter the 5-digit zip code.
Patient Address Type	Drop down menu, do not type in these fields, select from the drop-down options only. Please see appendix B.
Phone Number	Enter the 10-digit phone number with no additional characters, for example 6095551234.
Ethnic Group	This field further defines the patient's ancestry and should be sent. Drop down menu, do not type in these fields, select from the drop-down options only.

Date of Administration YYYYMMDD	Very important to enter the date in the correct format: YYYYMMDD, for example 20210121. Do not enter any spaces or extra characters. You will get an error message if this is not in the correct format.
Vaccine Administered Amount	This field records the amount of pharmaceutical administered. Enter the numeric value of the amount administered only, for example 0.5 or 0.3. Do not put units.
Vaccine Lot Number	This field contains the Lot Number of the medical substance administered. Enter the lot number associated with the dose given.
Vaccine Expiration Date YYYYMMDD	This field contains the expiration date of the medical substance administered. The expiration date must be a valid date in YYYYMMDD format. If expiration date is not a valid date, or not in YYYYMMDD, an error will be reported.
Vaccine Manufacturer Name	This field contains the manufacturer of the medical substance administered. Please select from the drop-down menu. Do not type in this field.
Vaccine Route of Administration	This field is the route of administration. Please select from the drop-down menu only. Do not type in this field.
Vaccine Administration Site	This field contains the site of the administration. Please select from the drop-down menu only. Do not type in this field.

COVID-19 Training:

The NJIIS COVID-19 training is **required** for all staff members that need access to NJIIS. To register for the COVID-19 on demand training please click [here](#). The On-demand COVID-19 webinar **MUST** be taken in full in order to get credit and be able to order the COVID-19 vaccine once available. Your time and attendance will be **monitored**. Once your registration is completed, the webinar will begin. Please allow yourself approximately 1 hour and 10 minutes to complete the webinar.

NJIIS Interface Webinar:

NJIIS offers an interface webinar for providers that have a establish interface with NJIIS. This webinar demonstrates how to run interface reports and troubleshoot scenarios. Please click [here](#) to register for the NJIIS interface webinar.

Questions:

Please note that all NJIIS-related inquiries must be submitted via the NJIIS Online Intake Form. By clicking on the “[Submit a Request](#)” tab on the NJIIS website, the form will provide you with links for information that can help answer your question(s) and will also route your inquiry request(s) to the appropriate NJIIS staff.